



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-3

July 14, 1994

John H. Hager, Treasurer
Republican Party of Virginia
115 East Grace Street
Richmond, VA 23219

Identification Number: C00001305

Reference: Mid-Year (1/1/93-6/30/93) and April Quarterly
(1/1/94-3/31/94) Reports

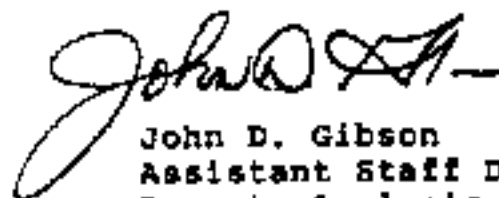
Dear Mr. Hager:

This letter is to inform you that as of July 13, 1994, the Commission has not received your response to our requests for additional information dated June 22, 1994. These notices request information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to these requests (copies enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Andrew Dodson on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,


John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosures



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

John H. Hager, Treasurer
Republican Party of Virginia
115 East Grace Street
Richmond, VA 23219

JUN 22 1994

Identification Number: C00001305

Reference: April Quarterly Report (1/1/94-3/31/94)

Dear Mr. Hager:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-On Schedule H4 supporting Lines 21(a)(i) and 21 (a) (ii) of the Detailed Summary Page, you have provided a range of dates for numerous payments to vendors. Please amend your report to itemize each payment to a vendor for shared Federal/Non-Federal Activity.

-On Schedule H4 supporting Line 21(a) of the Detailed Summary Page, you have failed to include the total EVENT YEAR-TO-DATE amount for a payment(s) to each vendor itemized on Schedule H4. Please amend your report to include the missing EVENT YEAR-TO-DATE total(s).

Schedule B supporting Line 22 discloses the transfer out of a contribution to the Republican Party of Virginia State Account (pertinent portion attached). It appears, however, that the receipt of this contribution has not been reported by your committee. Please provide the original date of receipt of the contribution. In addition, you must amend the report covering the period during which the contribution was received to disclose the receipt on Schedule A supporting the appropriate line of the Detailed Summary Page. 11 CFR §103.3(b)(1)

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on

our toll-free number, (800) 424-9530. My local number is (202)
219-3580.

Sincerely,



Andrew J. Dodson
Senior Reports Analyst
Reports Analysis Division

219

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SCHEDULE B

ITEMIZED DISBURSEMENTS

the reporting period for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 22

Any information omitted from such reports and disbursements may not be paid or used by any person for the purpose of soliciting contributions or for campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

Republican Party of Virginia

A. Full Name, Mailing Address and ZIP Code
Republican Party of Va.
State Account
115 E. Grace St
Richmond VA 23217

Purpose of Disbursement
transfer out contrib.
Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month, day, year)
2/23/94
Amount of Each Disbursement This Period
5000.00
re: Gottwa

B. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month, day, year)
Amount of Each Disbursement This Period

C. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month, day, year)
Amount of Each Disbursement This Period

D. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month, day, year)
Amount of Each Disbursement This Period

E. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month, day, year)
Amount of Each Disbursement This Period

F. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month, day, year)
Amount of Each Disbursement This Period

G. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month, day, year)
Amount of Each Disbursement This Period

H. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month, day, year)
Amount of Each Disbursement This Period

I. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month, day, year)
Amount of Each Disbursement This Period

SUBTOTAL of Receipts This Page (optional) 5000.00

TOTAL This Period (last page this line number only) 5000.00

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